

POLITICAL REFORM DIVISION

**FORM PRD-2
REQUEST FOR RECONSIDERATION**

(of fines assessed pursuant to prior request for waiver of liability Form PRD-1)

Secretary of State
Political Reform Division

P.O. Box 1467
Sacramento, CA 95812-1467
or
1500 - 11th Street, Room 495
Sacramento, CA 95814

FILER NAME

ADDRESS (No. and Street)

(AREA CODE) TELEPHONE NO.

CITY

STATE

ZIP CODE

PERIOD COVERED ON STATEMENT OR REPORT

FORM NO.

ID NO. (if applicable)

PLEASE PROVIDE COMPELLING CIRCUMSTANTIAL EVIDENCE OR ADDITIONAL DOCUMENTATION NOT MENTIONED IN YOUR ORIGINAL WAIVER REQUEST:

(Continue on reverse side, if needed)

I declare and certify under penalty of perjury that the foregoing information on this request for waiver is true and correct. I hereby request that the liability for failing to file a statement required by the Political Reform Act on time be waived.

EXECUTED ON _____, 20____, AT _____, _____.
(Month, Day) (City) (State)

(Signature of Filer/Responsible Officer, Treasurer, etc.)

(Type or Print Name)

(Signature of Candidate/Officeholder, if applicable)

(Type or Print Name)

PLEASE PROVIDE COMPELLING CIRCUMSTANTIAL EVIDENCE OR ADDITIONAL DOCUMENTATION NOT MENTIONED IN YOUR ORIGINAL WAIVER REQUEST:

PRD OFFICE USE ONLY

FORM INFORMATION

Period Covered

Form No.

Date(s) Due

Date Filed

E =

P =

Liability

E = \$

P = \$

WAIVER ACTION

Waived Upon
Reconsideration

E P

Denied Upon
Reconsideration

Reduced Upon
Reconsideration

Increased Upon
Reconsideration

Action Justification/Comment: (circle one) F1 F2 F3 F4 S1 S2